**Application or Docket Number** 

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SHE	322	-11.1	70.2	ガデ
ر کے جا			<del>, (, )</del>	ケレ

X\$18=

X80=

+270=

OTHER THAN **SMALL ENTITY** 

> ADDI-TIONAL

> > FEE

OR TOTAL

## PÁTENT APPLICATION FEE DETERMINATION RECORD

minus 20=

minus 3 =

	Effect	[ €	13	2.7	CC	34 C			
	CLAIMS AS	(Column 1)	(Column 2)		SMALL EN	YTITY	OB	OTHER	
TOTAL CLAIMS		12			RATE	FEE		RATE	FEE
FOR		NUMBER FILED	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00

X\$ 9=

X40=

+135=

TOTAL

SMALL ENTITY

\* If the difference in column 1 is less than zero, enter "0" in column 2

TOTAL CHARGEABLE CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

INDEPENDENT CLAIMS

	1 JUNI CLAIMS AS AMENDED - PART II									
	f'''	(Column 1)		(Column 2)	(Column 3)					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
<b>XON</b>	Total	• [4]	Minus	. 20,	= /					
ME	Independent	• 4	Minus	··· 4	= /					
⋖	CIDST DDESE	NTATION OF ME	II TIDI E DEI	DENDENT OF AIM						

ENT A			AF	AIN TE	IING			N PRI	IGHE IUMBE EVIOL AID FO	ER JSLY	4 '	RESI	ENT RA	RATE	TIO	DI- NAL EE,		RATE
amendment	Total	٠	/	4		Minus		**	2	O,	=			X\$ 9=		$\mathcal{T}$	OR	X\$18=
ME	Independent	•		4		Minus		***		<u>4                                    </u>	=	1		X40=		7	OR	X80=
	FIRST PRESE	NTA	TIC	Ń	OF M	JLTIPLE	DEP	END	ENT (	JLAIN	1	Æ	1		┢	┼─		
								• : •				1		+135=	1	/	OR	+270=
														TOTAL ADDIT. FEE	$\Box$		OR	TOTAL ADDIT. FEE

		(Column 1)		(Column 2)	(Column 3)				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
2	Total	•	Minus	••	=				
AMER	Independent	•	Minus	*** :	=				
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270= .	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	

l		(Column 1)		(Column 2)	(Column 3)					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
AMENDMEN	Total	•	Minus	••	=					
Z	Independent	•	Minus	•••	=					
M	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									

F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
L	(\$ <b>9</b> =		OR	X\$18=	
>	<b>(40=</b>		OR	X80=	
+	135=		OR	+270=	
ADE	TOTAL		OR	TOTAL	

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.